

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490

Amendment to the Statement of Qualification

SQA

Signature of Partner	Printed Name	Title	Date
Signature of Partner	Printed Name	Title	Date
We declare under penalty of perj	ury under the laws of the state	e of Kentucky that the foreç	going is true and correct.
			(Delayed effective date and/or time)
3. This amendment will be effection the delayed effective date can			
2. The statement of qualification	s amended as follows.		
(Name must be identical to the name	of record with the Office of the Se	ecretary of State)	
1. The name of the limited liability	/ partnership:		
Pursuant to the provisions of KRS limited liability partnership named			
www.sos.ky.gov			

FILING INSTRUCTIONS AMENDMENT TO STATEMENT OF QUALIFICATION

NAME

State the exact name of the partnership as registered with the Office of the Secretary of State.

AMENDMENT

State the text of amendment.

WHO MAY SIGN

The document must be signed by two partners.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the document with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions or need additional forms, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.